State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
001666132	PRACTISE LLC	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Sharon Connell
Business Name: Practise LLC
No. and Street: The Design Office
3RD FLOOR 204 WESTMINSTER ST
City or Town: Providence State: RI Zip: 02903 Country: USA
Contact Phone: 6465042635 ext:
Contact Email: shan@practise.co.uk

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